Gerald R. Leach
Office of State Fire Marshal
45 Commerce Drive, Suite 1
52 State House Station
Augusta, Maine 04333-0052

207-626-3889 Phone 207-287-6251 Fax gerld.r.leach@maine.gov www.mainefiremarshal.com

Application / Renewal Form for Fire Sprinkler License with CONTRACTOR Endorsement

Complete this	form, then mail it to	the above address v	vith a check made o	ut to "Treasurer, Sta	te of Maine".
	Initial License (\$	300)			
	Renewal or Reinstat	ed License (\$300)	My Current (o	r Expired) License #	is:
	•		y that it is issued ate for a renewal		stated
Your Comp	any Name the w	vay that you wan	t it to appear on	your license:	
The addres	s that you want	your license ren	ewal letter maile	d to:	
Street or Po	O Box:				
		ss where you ca	an be located if c	lifferent from add	dress above:
				Zip:	
Work Phone	e <i>:</i>		Fax:		
			Home Phone:		
Check if yo	u have any of th	e following insta	llation certification	ons:	
Kwe	nch 🔲 Upor	nor 🔲 Viega	Rehau	ı Watts	CPVC
			ır website list of r website then c		s but
☐ No-a	address	No-work ph	none	No-fax	
Who is(are)	the primary dec	cision-maker(s) f	or the company.		
Please rem	ember to keep o	our office update	d of any change	s in contact info	rmation!
The area below is	to be filled in by the O	ffice of State Fire Mars	shal:		
Date Received	Fee Received	Check #	Date Issued	Expiration Date	Number Issued
					1